

1.0 Description of the Service

Maternal Care Skilled Nurse Home Visits assess and treat pregnant women who have one or more of the high-risk medical conditions specified below.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Pregnant women who receive Medicaid and have one or more of the high-risk medical conditions listed below are eligible for this service.

2.3 Special Provisions

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that provides recipients under the age of 21 with medically necessary health care to correct or ameliorate a defect, physical or mental illness or a condition identified through a screening examination. While there is no requirement that the service, product or procedure be included in the State Medicaid Plan, it must be listed in the federal law at 42 U.S.C. § 1396d(a). Service limitations on scope, amount or frequency described in this coverage policy do not apply if the product, service or procedure is medically necessary.

The Division of Medical Assistance's policy instructions pertaining to EPSDT are available online at <http://www.dhhs.state.nc.us/dma/prov.htm>.

3.0 When the Service is Covered

Maternal Care Skilled Nurse Home Visits are covered when a client has one or more of the following high-risk medical conditions or diagnoses: preterm labor, hypertension, preeclampsia, diabetes, suspected fetal growth retardation, multiple pregnancy, renal disease, HIV infection/AIDS, perinatal substance abuse, and/or other high-risk medical conditions. The client must be referred by their prenatal care physician or physician extender (certified nurse midwife, nurse practitioner, physician assistant).

4.0 When the Service is Not Covered

Maternal Care Skilled Nurse Home Visits are not covered when criteria listed above are not met.

5.0 Requirements for and Limitations on Coverage

Maternal Care Skilled Nurse Home Visit must be a one-on-one, face-to-face visit conducted in the client's home.

Maternal Care Skilled Nurse Home Visits include the following components that must be performed:

- **Previsit Preparation**
review of prenatal, Maternity Care Coordination services, and other records to identify special problems and needs that may require follow-up
- **Home Visit**
 - ◆ assessment of the high-risk condition(s)
 - ◆ treatment in the home as outlined in the referral from the medical care provider
- **Referral/Documentation**
 - ◆ referrals made to Maternity Care Coordinator, Women, Infant, and Children (WIC) Special Supplemental Nutrition program, and other providers if needed
 - ◆ written findings of the home visit sent to the medical provider
- **Consultation**
consultation between the registered nurse (RN) and the Maternity Care Coordinator before and after the home visit, when the RN is not the Maternity Care Coordinator

6.0 Providers Eligible to Bill for the Service

Local health departments are eligible to provide this service.

Staff Qualifications

The service must be rendered by an RN skilled in maternity care.

7.0 Additional Requirements

Documentation:

At a minimum, the client's record must include the following documentation:

1. client's name and date of birth;
2. client's Medicaid identification number (MID);
3. dates of service;
4. referral from the prenatal care physician or physician extender;
5. plan of treatment/care and outcome;
6. name and title of person performing the service.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines.

Maternal Care Skilled Nurse Home Visits are reimbursed up to two visits per month. Additional visits may be requested through the claims adjustment process. Claims for additional visits will be considered for reimbursement only when conditions of coverage are met and documentation supports medical necessity.

Maternal Care Skilled Nurse Home Visits cannot be reimbursed when provided on the same date as the following services:

- Child Service Coordination
- Home Visit for Newborn Care and Assessment
- Home Visit for Postnatal Assessment and Follow-Up Care
- Maternity Care Coordination

Maternal Care Skilled Nurse Home Visit must be billed per date of service.

8.1 Claim Type

CMS-1500 (HCFA-1500)

8.2 Diagnosis Codes That Support Medical Necessity

- V22.0 Supervision of normal first pregnancy
- V22.1 Supervision of other normal pregnancy
- V22.2 Pregnant state, incidental
- V23.0 Pregnancy with history of infertility
- V23.1 Pregnancy with history of trophoblastic disease
- V23.2 Pregnancy with history of abortion
- V23.3 Grand multiparity
- V23.4 Pregnancy with other poor obstetric history
- V23.5 Pregnancy with other poor reproductive history
- V23.7 Insufficient prenatal care
- V23.81 Elderly primigravida
- V23.82 Elderly multigravida
- V23.83 Young primigravida
- V23.84 Young multigravida
- V23.89 Other high-risk pregnancy
- V23.9 Unspecified high-risk pregnancy

8.3 Procedure Code(s)

HCPCS code T1001 – Nursing assessment/evaluation

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: October 1, 2002

Revision Information:

Date	Section Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
9/1/05	Section 8.0	Text stating that providers must comply with Medicaid guidelines was added to Section 8.0.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.